

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 09/11/2012

000197977 9/18/12

Voucher Number	Vchr Line	VchrLineDescr	Distr Account	Account Description	Fund	VendorName	1099 Withhold	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
00306509	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013 09	0000093027	Adams, R. 9.4-9.	435.00
Total For Voucher											435.00

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
 Voucher ID: 00308509
 Voucher Style: Regular
 Invoice Number: Adams, R. 9.4-9.7.12
 Invoice Date: 09/07/2012
 Total: 435.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: Pay Now ☐ Schedule Payments ☒

Payment Information Find | View All First 1 of 1 Last

Scheduled Payment: 1
 *Remit to: 0000097303
 Location: 001
 *Address: 1
 Gross Amount: 435.00 USD
 Discount: 0.00 USD
 Scheduled Due: 09/07/2012
 Net Due: 09/07/2012
 Discount Due:
 Accounting Date:
 Late Charge ☐ Discount Denied ☐

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Payment Method
 *Bank: WFB10
 *Account: B
 *Method: ACH ACH
 *Netting: N
 Pay Group: RE
 *Handling: RE
 *Netting: N
 Message: Message will appear on remittance advice.

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

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Voucher Style: Regular

Total: 435.00

Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD

Account At: Gross

Match Action

*Status:

Ready

☐ Pay UnMatched Voucher

Transaction Currency

*Source:

Tables

*Currency: USD

Rate Type: CRRNT

Exchange Rate:

1.00000000

Voucher Approval

*Approval:

Specify at this Level

Business Process:

PROCESS_VOUCHERS

Approval Rule Set:

Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option:

Group Vouchers (Auto-Nur

SBI Number:

Prepayment

Prepayment Reference:

☐ Automatically Apply Prepayment☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:



Tax Group

Saved

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

DATE 9/4/12

00308509

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE, OF OFFICIAL, BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
9/4/12	7:00am		Depart Ruidoso to Santa Fe to meet with Cabinet Secretary and Facilities staff Overnight Santa Fe rates apply* Overnight Santa Fe rates apply* Overnight Santa Fe rates apply* Depart Santa Fe to Ruidoso partial day per diem-12.0 hrs.				135.00		135.00
9/5/12							135.00		135.00
9/6/12							135.00		135.00
9/7/12		7:00pm					30.00		30.00

Date _____

LAST MODIFIED ON 09/04/2012 13.38

PAYEE SIGN HERE **X**

④ ORIGINATOR COPY

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

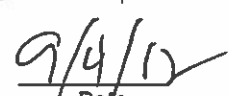
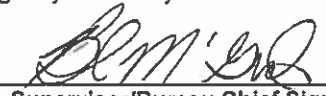
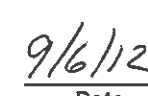
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe.					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	08/31/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	09/04/12	Time:	07:00 AM	Return Date: (month/day/yr)	9/7/12
	Time: 07:00 PM					
☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	 Date	 Supervisor/Bureau Chief Signature	 Date
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Division Director/Hospital Administrator
(As per specific division requirements)

Date

Cabinet Secretary Signature

(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Date